

Pittsburgh Harley Owners Group Chapter # 2224

Personal & Emergency Contact Information

PERSONAL INFORMATION:

DATE _____

NAME _____

DATE OF BIRTH _____

NAME OF SPOUSE OR SIGNIFICANT OTHER _____

SPOUSE OR SIGNIFICANT OTHER DATE OF BIRTH _____

WEDDING ANNIVERSARY DATE _____

HOME PHONE NUMBER (Same as cell) (_____) _____

CELL PHONE NUMBER (_____) _____

NAME OF EMERGENCY CONTACTS & PHONE NUMBER:

1 _____ (_____) _____

2 _____ (_____) _____

3 _____ (_____) _____

MEDICATIONS TAKEN REGULARLY:

OTHER INFORMATION YOU THINK IS IMPORTANT FOR EMERGENCY RESPONDERS:

After completing this form bring it to a Chapter Meeting
Email it to tcotjc@gmail.com or mail it to:
Tim Caligiuri 3037 Zephyr Ave, Pittsburgh PA 15204